


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90368 020 \*\*\*\*61.25

**DOCUMENT # N02000000601**

1. Entity Name  
**DAMASCUS ROAD PROJECT, INC.**



Principal Place of Business: **519 E. WASHINGTON ST. LAKE CITY FL**  
Mailing Address: **PO BOX 3153 LAKE CITY FL 32056-3153**

2. Principal Place of Business: **345 N.E. Washington St.**  
Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: **Lake City, Florida**

4. FEI Number:  Applied For  
 Not Applicable

Zip: **32055** Country: **US**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:  
**HOLLINGSWORTH, KAMARA  
RT. 15 BOX 4106  
LAKE CITY FL 32024**

7. Name and Address of New Registered Agent:  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE



CHECK HERE IF MAKING CHANGES

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: <b>PERRY, EARL</b> STREET ADDRESS: <b>RT 22 BOX 332</b> CITY-ST-ZIP: <b>LAKE CITY FL 32024</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>GRIFFEN, TOMMASINE</b> STREET ADDRESS: <b>700 NE LEON ST.</b> CITY-ST-ZIP: <b>LAKE CITY FL 32055</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>PERRY, VIRGINIA</b> STREET ADDRESS: <b>PO BOX 57</b> CITY-ST-ZIP: <b>LAKE CITY FL 32056</b>	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: <b>Brown, Deborah</b> STREET ADDRESS: <b>Rt. 6 Box 441 B</b> CITY-ST-ZIP: <b>LAKE CITY, FL 32025</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>GEORGE, JOE</b> STREET ADDRESS: <b>RT. 22 BOX 2412</b> CITY-ST-ZIP: <b>LAKE CITY FL 32024</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>ANTHONY, SHARON</b> STREET ADDRESS: <b>RT. 7 BOX 475</b> CITY-ST-ZIP: <b>LAKE CITY FL 32055</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>WHITE, BEA</b> STREET ADDRESS: <b>PO BOX 484</b> CITY-ST-ZIP: <b>LAKE CITY FL 32056</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SIGNATURE: BEA WHITE** **4/29/03 386 752-1830**

CR2E037 (10/02)